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FEB 14 2002

# TRANSMITTAL OF FORMAL DRAWINGS

Docket No.  
SSBI-P01-003

In Re Application Of: Parsons, et al.

2  
IH  
Z-26-02

Serial No.	Filing Date	Batch No.	Examiner	Art Unit
09/994,975	November 27, 2001	Not Yet Assigned	Not Yet Assigned	2166

Invention: VERIFICATION OF NET ASSET VALUES


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Transmitted herewith are:

5 sheets of formal drawing(s) for this application.

Each sheet of drawing indicates the identifying indicia suggested in 37 CFR Section 1.84(c) on the reverse side of the drawing.




Signature

Robert A. Mazzaresse  
Reg. No. 42,852  
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Customer No. 28120

Dated: January 28, 2002

I certify that this document and attached formal drawings are being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.



Signature of Person Mailing Correspondence

Lee Dunkle

Typed or Printed Name of Person Mailing Correspondence

Receipt



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Parsons, et al.

Serial No: 09/994,975

Filed: November 27, 2001

For: VERIFICATION OF NET ASSET  
VALUES

Attorney Docket No. SSBI-P01-0030 COPY OF PAPERS  
ORIGINALLY FILED

Art Unit: 2166

Examiner: Not Assigned

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I hereby certify that this Request for Correction of Filing Receipt is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to Office of Initial Patent Examination's Customer Service Center, Assistant Commissioner for Patents, Washington, D.C. 20231, on January 28, 2002.

*Elisabeth Dunkle*  
Elisabeth Dunkle

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Sir:

Please make the following corrections in the formal Filing Receipt, a copy of which is enclosed and marked in red for your convenience, for the above-identified patent application:

Under the heading of Applicant(s), please delete the residence address for the inventor:

**"Taunton, MA " and add "Taunton, MA"**

A copy of the Filing Receipt with the change noted thereon is submitted herewith.

Should there be any questions concerning this request, the Examiner is invited to contact the undersigned at (617) 951-7000.

Respectfully Submitted,

*Robert A. Mazzaresse*

Robert A. Mazzaresse  
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Date: January 28, 2002

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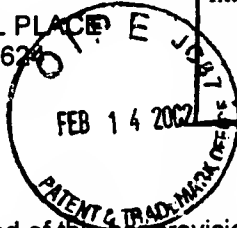
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/994,975	11/27/2001	2166	962	SSBI-P01-003	5	23	5

28120  
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BOSTON, MA 02110-2629Ropes & Gray  
Intellectual Property Dept.

DEC 18 2001



CONFIRMATION NO. 2850

## FILING RECEIPT



\*OC00000007188900\*

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## Applicant(s)

TAUNTON  
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Thomas F. Ray, Weymouth, MA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 12/12/2001

Projected Publication Date: 05/29/2003

Non-Publication Request: No

Early Publication Request: No

## Title

Verification of net asset values

## Preliminary Class

705

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Technology Center 2100

R&amp;G

Docket No.: SSBI-P01-003

Action: Review FR/References

Stat. Deadline: 13

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Bib Data Sheet

CONFIRMATION NO. 2850

<b>SERIAL NUMBER</b> 09/994,975	<b>FILING DATE</b> 11/27/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2164	<b>ATTORNEY DOCKET NO.</b> SSBI-P01-003	
<b>APPLICANTS</b> Robin L. Parsons, Taunton, MA; Thomas F. Ray, Weymouth, MA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/12/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 28120					
<b>TITLE</b> Verification of net asset values					
<b>FILING FEE RECEIVED</b> 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		